

## **POMPHOLYX**

### **What is Pompholyx?**

Pompholyx is a common type of eczema affecting the hands (cheiropompholyx), and sometimes the feet (pedopompholyx). It is also known as *dyshidrotic eczema* or *vesicular eczema* of the hands and/or feet.



### **What is it like?**

The early stage shows tiny blisters (vesicles) deep in the skin of the palms, fingers, instep or toes. The blisters are often intensely itchy or have a burning feeling. The condition may be mild with only a little peeling, or very severe with big blisters and cracks which prevent work. The later and more chronic stage shows more peeling, cracking, or crusting. Then the skin heals up, or the blistering may start again. One site may be blistering, while another is dry and cracked. Severe pompholyx around the nail folds may cause nail dystrophy, resulting in irregular ridges and chronic paronychia (nail fold infection).

### **What is the cause of pompholyx?**

The exact cause is not known. Abnormal sweating has been postulated as a potential culprit.

### **What brings on Pompholyx?**

Pompholyx is aggravated by contact with irritants such as water, detergents and solvents. Contact with them must be avoided as much as possible and protective gloves worn to prevent additional [irritant contact dermatitis](#). Some people with pompholyx are found to be allergic to [nickel](#), a common metal. These patients must try not to touch nickel items. Pompholyx often runs a chronic course, but may go away for long periods. It often reappears after a period of nervous tension, worry or stress. Unfortunately pompholyx does not have any quick sure cure.

### **What is the prognosis?**

As the disease subsides spontaneously in the course of several weeks or one or two months; and its duration and course, especially in severe cases, may be modified or shortened by appropriate treatment.

### **What are the treatments?**

**Cool compresses:** Soaks or compresses using weak solutions of Condy's crystals (potassium permanganate), aluminium acetate, or vinegar in water, are applied for 15 minutes four times a day. This will dry up blisters. Compresses are not suitable for dry eczema.

**Emollients:** Emollients or hand creams, eg. dimeticone barrier cream, should be applied liberally and frequently to keep the skin soft.

**Topical steroid:** Potent topical steroids should be applied to the affected areas nightly. They help reduce inflammation and itching. The more potent products should not be used for more than two weeks. Steroid creams are used when the skin is blistered or weeping. Steroid ointments are used for the chronic dry stage. **Antibiotics** such as flucloxacillin may be

prescribed by your doctor for secondary infection.



**Systemic steroids:** pompholyx can be cleared up dramatically by systemic steroids but may recur just as severely after the medication is stopped. Long term treatment with these steroids is rarely advisable because of undesirable side effects.

**PUVA therapy:** PUVA therapy can be useful in selected cases. This is a special kind of ultraviolet (UV) treatment. Several times weekly the affected areas are soaked in a special solution (psoralen), before exposure to long wave UV light. Treatment is usually continued for several months. Usually the measures described result in satisfactory control. Sooner or later the eruption subsides and disappears.

Other medications used include: Methotrexate, Dapsone, Azathioprine, Botulinum toxin

#### **What are the complications?**

Secondary infection with Staphy is not infrequent. The result is pain, redness, swelling and crusting or pustules. Your doctor may prescribe you antibiotic or incise the pustules.

